

**City of Tempe Police Department
Communications Dispatcher I/II
Automatic and Discretionary Disqualifier Questionnaire**

NOTE: FAILURE TO ANSWER ALL OF THE FOLLOWING QUESTIONS IN DETAIL MAY DISQUALIFY YOUR APPLICATION

AUTOMATIC DISQUALIFIERS

The City of Tempe Police Department will automatically disqualify any individual who can answer "Yes" to any of the following questions. ***Please read and answer the following automatic disqualifiers:***

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been convicted of a felony or any offense that would be a felony if committed in Arizona? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever sold, produced, cultivated, or transported marijuana, narcotics or dangerous drugs? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you lied during any stage of the hiring process? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you falsified your questionnaire or application? |

If you answered "YES" to any of these questions please withdraw your application from consideration.

DISCRETIONARY DISQUALIFIERS

The following disqualifiers may, upon review by the Tempe Police Department, make you ineligible to become an employee of the City of Tempe Police Department. ***Please read and answer the following discretionary disqualifiers:***

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever abused prescription medication and/or FDA approved over-the-counter preparations? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever used any hallucinogenic drug including hallucinogenic mushrooms (except during religious ceremonies)? Hallucinogenic drugs also include LSD. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever used any type of illegal drugs or narcotics before the age of 18 years?
<i>Examples of a dangerous drug or narcotic drug would be, but is not limited to: cocaine, crack, etc.; Methamphetamine (Crystal Meth or speed of any kind); Anabolic Steroids (after 1994), except prescription only or FDA approved over-the-counter preparations.</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever used any type of illegal drugs or narcotics after the age of 18 years? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you engaged in unlawful sexual misconduct? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever had excessive traffic violations? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been involved in the commission of a felony? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you received a discharge from the United States armed forces that was other than an honorable? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you demonstrated an unwillingness to honor fiscal contracts or just debts? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you engaged in any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the profession? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Had your Arizona Driver's license suspended as a result of excessive traffic violations or any other act that would automatically suspend your driver's license or received a suspended driver's license from another state as a result of similar circumstances? |

If one or more of these disqualifiers pertains to you, be prepared to fully disclose the facts, circumstances, or details as part of a thorough background investigation and polygraph phase of the selection process.

I certify that I have read and understand the Automatic and Discretionary Disqualifiers associated with the City of Tempe's Police Department positions.

Applicant's signature

Date

Please answer the following questions:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work an irregular shift schedule during your training period, in which one week you might be working days with Wednesday and Thursday off, and another week you would work the graveyard shift with Monday and Tuesday off?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work weekends and holidays?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to rotate to any of three shifts: days, afternoons and graveyards?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to accept last minute changes in your work schedule that might require you to cancel personal plans?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to be subjected to abusive and profane language on the phone and deal with it unemotionally?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to take directions from a supervisor in front of your peers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to be at a console that restricts your movements to a 6-foot radius, except for your break period, during an 8-hour shift?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to learn all functions of the job including complaint taking (answering questions and processing calls for citizens)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to read and study several hundreds of pages of manuals, complete homework assignments, fill in study guides, and take written tests during your training?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you understand that if a Police Communications Dispatcher processes a call incorrectly it could contribute to someone's property being lost or damaged, or to a person being seriously injured or dying?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to be closely supervised and questioned routinely about why you followed a certain course of action, without taking it personally?
<input type="checkbox"/> Yes <input type="checkbox"/> No	This job requires you to copy information as it is being received, simultaneously digest what you have heard, and respond immediately. Is this something you are able and willing to do?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing and able to deal calmly with angry people when the problem is not your fault?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to deal with a crisis call in which a child might have died, a Police Officer is injured, or a woman is assaulted, and then set it aside to calmly deal with an irate citizen complaining of a dog barking?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If you are a smoker, are you willing to go without a cigarette for an entire shift if necessary, and/or smoke only during scheduled breaks?
If you answered "NO" to any of these questions, please reconsider about applying for this position.	
Please indicate your approximate typing speed: _____ NET WORDS PER MINUTE <u>You are required to submit certification of your typing speed with your application</u>	

911 OPERATOR / DISPATCHER EXPERIENCE

Please respond to the following questions:

Have you worked as a 911 Operator or call taker?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered "Yes", please complete the following sections:</i>		
Employer(s)	Type of Service	Dates of Employment (mo / yr) From: To:		Job Title
<i>Describe Work Performed:</i>				

Have you worked as a Police Dispatcher?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered "Yes", please complete the following sections:</i>		
Employer(s)	Dates of Employment (mo / yr) From: To:		Job Title	
<i>Describe Work Performed:</i>				

Have you worked as a dispatcher in any other capacity (i.e. fire, medical, etc.)?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered "Yes", please complete the following sections:</i>		
Employer(s)	Dates of Employment (mo / yr) From: To:		Job Title	
<i>Describe Work Performed:</i>				

Describe Your Computer Aided Dispatch Systems Experience *include the types of software programs used*

Describe Your Computer Data Entry Experience *include the types of software programs used*

CONTINUATION SECTION for the ILLEGAL USE OF DRUGS / CONTROLLED SUBSTANCES (Page 5)

ILLEGAL USE OF DRUGS / CONTROLLED SUBSTANCES – Please Complete All Sections

Type of Drug	Have you ever tried?	How many times after age 18?	Date first used:	Date last used:	Have you ever sold, smuggled or transported for sale or personal gain?
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Hashish	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Cocaine / Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Methamphetamine / Speed	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Opium	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
LSD / Acid	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Mescaline	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other illegal drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Illegal use of prescription medications	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered “Yes” on any of the areas listed above, please provide a full explanation on a separate sheet of paper. Include, if applicable, the following information:

- | | |
|--|---|
| a) How the drug was ingested or consumed | b) The duration of usage |
| c) The motivation for using the drug | d) How the drug was obtained |
| e) Why you stopped using the drug | f) Any other factors you believe are relevant |

I hereby certify that this entire five page supplemental questionnaire was completed by me and all statements contained herein are true and complete to the best of my knowledge. I understand that omissions or misstatements may be cause for rejection of this application, removal of my name from the eligibility list, and/or discharge from City service. I understand that this information is subject to verification by any federal, state, and local agencies.

Applicant's Name (Print)

Applicant's Signature

Date